

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

29787

3612

FILED SEP 13 1948

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Myrtle B. Guisinger

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Joseph E. Guisinger 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased August 7 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
Housewife

10. Usual occupation

11. Industry or business X

12. Name James H. Harman
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Zerilda SWANGO
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Joseph E. Guisinger
(b) Address 4726 Euclid, Kansas City, Mo.
burial (Burial, cremation, or removal) (b) Date thereof 9-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 9-4-48 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4726 Euclid (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2nd
year 1948 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from November 19, 1947 to September 2, 1948
that I last saw her alive on September 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: 838
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury
F.B. Baughman (M. D. or other)
Address 315 Alameda Rd., K. C., Mo Date signed 9/3/48

Dr. H. T. Boughnow
in regular way

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Robert H. Reed

Licensed Embalmer No.....

3745

P. O. Address.....

J.C. Moore

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.